

Feb. 11. 2020 8:49AM

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter  
Certificate from Cartel Inc DBA  
A Midnight Express Limousines

(Please type or print)

Submitted by: Cartel Inc DBA A Midnight Express Limousines Telephone: 843-236-7910Address: 251 Fox Den Dr Fax: \_\_\_\_\_Murrells Inlet SC 29576 Other: \_\_\_\_\_Email: Midnightlimos@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
FEB 12 2020  
PSC SC  
CLERK'S OFFICE

js

290343

No. 0152 P. 1

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2020 - 57 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 2/12/2020

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Cartel Inc DBA A Midnight Express limousines  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

251 Fox Den Dr Myrtle Inlet SC 29576  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-236-7910  
Phone Fax

midnightlimes@aol.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Dennis Lenhardt 251 Fox Den Dr Myrtle Inlet SC 29576

No. 0152 P. 3

ACCEPTED FOR PROCESSING - 2020 February 13 7:40 AM - SCPS - 2020-57-T - Page 3 of 24

ACCEPTED FOR PROCESSING - 2020 February 13 7:40 AM - SCPS - 2020-57-T - Page 3 of 24

Feb. 11. 2020 8:50AM

No. 0152 P. 4

**INSURANCE QUOTE**This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Cartel Inc DBA Midnight Express Limousines

Name of Applicant

251 Fox Den Dr Murrells Inlet SC 29576

Address of Applicant

**Amount of Premium:**

3284.00

**Limits Quoted: (See Below)**

1,000,000.

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

16 or More Passengers\* \$ 25,000/300,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

1 driver

RRL Insurance Agency

Name of Insurance Company

4450 Ega Collie Blvd #115, Melbourne, FL 32934

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**POLICY CHANGE DOCUMENT****POLICY NO.:** PHPK1972040**Philadelphia Indemnity Insurance Company** 114028 Acrisure, LLC dba Rodes Roper Love (RRL)**NAMED INSURED** Cartel Inc DBA: A Midnight Express**MAILING ADDRESS** 106 Horizon Dr. Unit J-4  
Myrtle Beach, SC 29588**POLICY PERIOD:** FROM 04/29/2019 TO 04/29/2020 at  
12:01 A.M. Standard Time at your mailing address shown above.**CHANGE EFFECTIVE** 01/30/2020**CHANGE #** 1**REVISION #** 1**DESCRIPTION**

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Veh #6, 2011, FORD, ECONOLINE

VIN: 1FDFE4FSXBDA83519

Per attached auto schedule

**Path ID** 13501521**Total Annual  
Additional/Return Premium \$****3,314.00  
ADDITIONAL****Total Prorate  
Additional/Return Premium \$****808.00  
ADDITIONAL****COUNTERSIGNED**

(Date)

**BY**

(Authorized Representative)

**02/03/2020****Issue Date****Insurance Policy****Page 1 of 1**

POLICY NUMBER: PHPK1972040

COMMERCIAL AUTO  
CA 99 28 03 10**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****STATED AMOUNT INSURANCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Cartel Inc DBA: A Midnight Express

Endorsement Effective Date: 01/30/2020

**SCHEDULE**

The insurance provided by this endorsement is reduced by the following deductible(s):				
Vehicle Number	Coverage	Limit Of Insurance And Deductible		Premium
2	COLLISION	\$ 20,000	Limit Of Insurance	\$ 571
		\$ 1,000	Deductible	
6	COMPREHENSIVE	\$ 40,000	Limit Of Insurance	\$ 234
		\$ 1,000	Deductible	
6	COLLISION	\$ 40,000	Limit Of Insurance	\$ 382
		\$ 1,000	Deductible	
Total Premium				\$ INCL

**NOTE:**

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
6	2011	FORD, ECONOLINE
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

**POLICY CHANGE DOCUMENT****POLICY NO.:** PHPK1972040**Philadelphia Indemnity Insurance Company** 114028 Acisure, LLC dba Rodes Roper Love (RRL)**NAMED INSURED** Cartel Inc DBA: A Midnight Express**MAILING ADDRESS** 106 Horizon Dr. Unit J-4  
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**Additional/Return Premium \$****3,314.00**  
**ADDITIONAL****Total Prorate**  
**Additional/Return Premium \$****808.00**  
**ADDITIONAL****COUNTERSIGNED**

(Date)

**BY**

(Authorized Representative)

**02/03/2020**  
**Issue Date****Insurance Policy****Page 1 of 1**

**BUSINESS AUTO SCHEDULE**

POLICY NUMBER: PHPK1972040

**SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION		TERRITORY	
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)		Town or City & Zip where the Covered Auto will be principally garaged	
1	2015 FORD ECONOLINE, 1FDFE4FS2FDA10621		177 Conway, SC 29526	
2	2014 FORD EXPEDITION, 1FMJKLK59KEF30244		177 Conway, SC 29526	
3	2003 LINCOLN TOWN CAR, 1LNEM81N73Y683132		177 Conway, SC 29526	
4	2003 FORD EXCURSION, 1FMNU40S83EC62144		177 Conway, SC 29526	
5	2000 FORD ECONOLINE, 1FDWE45F3YEA54255		177 Conway, SC 29526	
6	2011 FORD ECONOLINE, 1FDFE4FSXBDA83519		177 Myrtle Beach, SC 29588	

Covered Auto No.	CLASSIFICATION								PURCHASED		
	Radius of Operation	Business Use s = service r = retail c = commit	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Lieb.	Phy. Dam.	Lieb.	Phy. Dam.			
1	LOCAL		15	5	1.000	1.550	-0.15		5482	30,560	60,000
2	LOCAL		5	6	0.400	1.350			4289	48,955	20,000
3	LOCAL		5	12	0.400				4289	40,270	
4	LOCAL		15	12	0.400				4289	36,025	
5	LOCAL		15	12	1.000		-0.15		5482	36,025	
6	LOCAL		15	9	1.000	1.550	-0.15		5482	40,000	40,000
Total Premium											

Covered Auto No.	LIABILITY		AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)	
	Limit (In thousands)	Premium	Limit	Premium	Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person	Premium
1	1,000	2,646.00	NONE			
2	1,000	1,947.00	NONE			
3	1,000	1,947.00	NONE			
4	1,000	1,947.00	NONE			
5	1,000	2,646.00	NONE			
6	1,000	2,646.00	NONE			
Total Premium		13,779.00				

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich, Only)		UNINSURED/UNDERINSURED			
	Limit stated in each P.I.P. and.	Premium	Limit stated in each P.P.I. and.	Premium	Limit (In thousands)	Premium	UM	UIM
1					25/50	22.00	X	X
2					25/50	22.00	X	X
3					25/50/25	28.00	X	X
4					25/50/25	28.00	X	X
5					25/50/25	28.00	X	X
6					25/50	22.00	X	X
Total Premium						150.00		



POLICY NUMBER: PHPK1972040

COMMERCIAL AUTO  
CA 99 28 03 10**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****STATED AMOUNT INSURANCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
 BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
 GARAGE COVERAGE FORM  
 MOTOR CARRIER COVERAGE FORM  
 TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Cartel Inc DBA: A Midnight Express

Endorsement Effective Date: 01/30/2020

**SCHEDULE**

The insurance provided by this endorsement is reduced by the following deductible(s):				
Vehicle Number	Coverage	Limit Of Insurance And Deductible		Premium
1	COMPREHENSIVE	\$ 60,000	Limit Of Insurance	\$ 265
		\$ 1,000	Deductible	
1	COLLISION	\$ 60,000	Limit Of Insurance	\$ 590
		\$ 1,000	Deductible	
2	COMPREHENSIVE	\$ 20,000	Limit Of Insurance	\$ 337
		\$ 1,000	Deductible	
Total Premium				\$ 2,379

**NOTE:**

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
1	2015	FORD, ECONOLINE
2	2014	FORD, EXPEDITION
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

## BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK1972040

### SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	Deductible	Premium	Premium	Deductible	Premium
1	1,000	265.00		1,000	590.00
2	1,000	337.00		1,000	571.00
3					
4					
5					
6	1,000	234.00		1,000	382.00
Total Premium		836.00			1,543.00
Covered Auto No.	TOWING & LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	TOTAL	
	Limit per disablement	Premium		Premium	
1				3,523.00	
2				2,877.00	
3			See Schedule(s)	1,975.00	
4				1,975.00	
5				2,674.00	
6				3,284.00	
Total Premium				16,308.00	

POLICY NUMBER: PHPK1972040

COMMERCIAL AUTO  
CA 99 28 03 10**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****STATED AMOUNT INSURANCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
 BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
 GARAGE COVERAGE FORM  
 MOTOR CARRIER COVERAGE FORM  
 TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** Cartel Inc DBA: A Midnight Express

**Endorsement Effective Date:** 01/30/2020

**SCHEDULE**

The insurance provided by this endorsement is reduced by the following deductible(s):				
Vehicle Number	Coverage	Limit Of Insurance And Deductible		Premium
2	COLLISION	\$ 20,000	Limit Of Insurance	\$ 571
		\$ 1,000	Deductible	
6	COMPREHENSIVE	\$ 40,000	Limit Of Insurance	\$ 234
		\$ 1,000	Deductible	
6	COLLISION	\$ 40,000	Limit Of Insurance	\$ 382
		\$ 1,000	Deductible	
Total Premium				\$ INCL

**NOTE:**

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provisions which follow.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model
6	2011	FORD, ECONOLINE
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

**A.** This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".

**B.** For a covered "auto" described in the Schedule, **Physical Damage Coverage – Limit Of Insurance** is replaced by the following:

**Limit Of Insurance**

1. The most we will pay for "loss" in any one "accident" is the least of the following amounts:
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss";
  - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
  - c. The Limit of Insurance shown in the Schedule.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

**C. Deductible**

1. For each covered "auto", our obligation to pay:
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss" will be reduced by the applicable deductible shown in the Schedule;
  - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality will be reduced by the applicable deductible shown in the Schedule; or
  - c. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit of Insurance shown in the Schedule.
2. Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

Feb. 11. 2020 8:50AM

No. 0152 P. 5

**Exhibit Fit, Willing, and Able (FWA)**Cartel IncA Midnight Express Limousines  
Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Feb. 11. 2020 8:50AM

No. 0152 P. 6

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

President  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Horry )

SWORN TO BEFORE ME  
This 10 day of Feb, 2020

  
Notary Public

Commission Expires 11/12/2020

NINA HANSLEY  
NOTARY PUBLIC  
STATE OF SOUTH CAROLINA  
MY COMMISSION EXPIRES 11/12/2020

Feb. 11. 2020 8:51AM


No. 0152 P. 9

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

NOTICE OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT OR BOTH  
OF A SOUTH CAROLINA  
OR FOREIGN CORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Sections 33-5-102 and 33-15-108 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation submits the following information.

1. The name of the corporation is Cartel, Inc.  
(Must match name on record with Secretary of State's Office)
2. The corporation is (complete either a or b, whichever is applicable):
  - a. a domestic corporation incorporated in South Carolina on 12/14/84; or  
(Must match date on record with Secretary of State's Office)
  - b. a foreign corporation incorporated in \_\_\_\_\_ on \_\_\_\_\_, and  
State Date  
authorized to do business in South Carolina on \_\_\_\_\_  
(Must match date on record with Secretary of State's Office)
3. The street address of the registered office (currently on file) in South Carolina is  
506 16th Avenue North Myrtle Beach South Carolina 29577  
Street Address City Zip Code
4. If the current registered agent's office is to be changed, the new address will be  
1509 Leybourne Court, Conway South Carolina 29527  
Street Address City Zip Code
5. The name of the registered agent currently on file is Terry Ohlsson
6. If the current registered agent is to be changed, the name of the new registered agent is  
Dennis Lenhardt, Jr.
- \* I hereby consent to the appointment as registered agent of the corporation:  
  
Signature of New Registered Agent
7. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
8. Unless a delayed date is specified, this will be effective upon acceptance for filing by the Secretary of State (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended \_\_\_\_\_)

141216-0163  
CARTEL INC.

FILED: 12/09/2014

Filing Fee: \$10.00 ORIG

Mark Hammond

South Carolina Secretary of State

Feb. 11. 2020 8:51AM

No. 0152 P. 10

\*Pursuant to Sections 33-5-102(5) and 33-15-108(5) of the 1976 South Carolina Code of Laws, as amended, the written consent of the registered agent may be attached to this form.

CARTEL, INC.

Name of Corporation

DEC 5  
November 2014

Date

CARTEL, INC.

Name of Corporation

Signature of Officer

Type or Print Name

President

Position of Officer

**FILING INSTRUCTIONS**

1. Two copies of this form must be submitted for filing.
2. \$10.00 filing fee made payable to the South Carolina Secretary of State.
3. Self-addressed stamped return envelope.
4. Return to: Secretary of State  
Attn: Corporations  
1205 Pendleton St., Ste. 626  
Columbia, SC 29201
5. Pursuant to Section 33-5-102(b) of the 1976 South Carolina Code of Laws, as amended, the registered agent can file this when the only change is the street address of the registered office. In this situation, the following statement should be typed on the form above the registered agent's signature: "The corporation has been notified of this change." In this case the filing fee is \$2.00.

Form Revised by South Carolina Secretary of State, March 2012



Feb. 11. 2020 8:51AM

SEP. 22. 2014 11:23AM

LEWIS COOPER JASKOT

No. 0152 P. 11

NO. 274 P. 5

Jim Mills SECRETARY OF STATE <b>FILED</b> MAY 02 1994 AM PM											
1	2	3	4	5	6	7	8	9	10	11	12

Date MAY 02 1994  
 CERTIFIED TO BE A TRUE AND CORRECT COPY  
 AS TAKEN FROM AND COMPARED WITH THE  
 ORIGINAL ON FILE IN THIS OFFICE.  
 SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA  
 SECRETARY OF STATE

NOTICE OF CHANGE OF REGISTERED OFFICE  
 OR REGISTERED AGENT OR BOTH  
 OF A SOUTH CAROLINA  
 OR FOREIGN CORPORATION

Pursuant to §§33-5-102 and 33-15-108 of the 1976 South  
 Carolina Code, as amended, the undersigned corporation submits  
 the following information.

- The name of the corporation is CARTEL, INC.
- The corporation is (complete either a or b, whichever is applicable):
  - a domestic corporation incorporated in South Carolina on DECEMBER 14, 1984; or
  - a foreign corporation incorporated in \_\_\_\_\_ (State)  
 on \_\_\_\_\_, and authorized to do business in  
 (Date)  
 South Carolina on \_\_\_\_\_ (Date)
- The street address of the current registered office in South Carolina is 1202 OWENS DRIVE  
 (Street & Number)  
 in the city of MYRTLE BEACH, South Carolina  
 29577  
 (Zip Code)
- If the current registered office is to be changed, the street address to which its registered office is to be changed is 506 16TH AVENUE NORTH  
 (Street & Number)  
 in the city of MYRTLE BEACH, South Carolina  
 29577  
 (Zip Code)
- The name of the present registered agent is MRS. ADA HEARL
- If the current registered agent is to be changed, the name of the successor registered agent is TERRY OHLSSON

\*I hereby consent to the appointment as registered agent of  
 the corporation.

T. J. Jaskot  
 (Signature of New Registered Agent)

- \* Pursuant to §§33-9-102(5) and 33-19-108(5), the written  
 consent of the registered agent may be attached to this form.

Feb. 11. 2020 8:52AM

SEP. 22. 2014 11:23AM

LEWIS COOPER JASKOT

No. 0152 P. 12

NO. 274 P. 6

7. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
8. Unless a delayed date is specified, this application will be effective upon acceptance for filing by the Secretary of State (See §33-1-230(b)): \_\_\_\_\_.
9. Dated this 29 day of APRIL, 1994.

CARTEL, INC.

(Name of Corporation)

By: TERRY OHLSSONPRESIDENT

(Type or Print Name and Title)

Feb. 11. 2020 8:52AM

SEP. 22. 2014 11:22AM

LEWIS COOPER JAS:QI

NO. 274

No. 0152 P. 13

P. 2

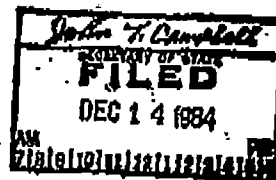
STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF INCORPORATION  
OF

Cartel, Inc.

For use by The Secretary of State	
File No.	_____
Fee paid	_____
R.N.	_____
Date	_____

(File this Form in  
Duplicate Originals)  
(§33-7-30 of 1976 Code)

This Space for Use  
by  
Secretary of State



- The name of the proposed corporation is Cartel Inc.
- The initial registered office of the corporation is 1202 Owens Drive  
Myrtle Beach HORRY S. C. 29577  
and the initial registered agent at such address is Mrs. ADA Heavil
- The period of duration of the corporation shall be perpetual (\_\_\_\_\_ years).
- The corporation is authorized to issue shares of stock as follows:

Class of Shares	Authorized No. of Each Class	Par Value
Common	100,000	\$1.00

11. If any shares are ever issued into two or more classes or if any class of shares is divided into classes, the relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

DATE: DEC 14 1984  
CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE.

- Total authorized capital stock is 100,000
- The existence of the corporation shall begin as of the filing date with the Secretary of State, or on the effective date filing date
- The number of directors constituting the initial board of directors of the corporation is 2  
and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors be elected and qualify are as follows:

Name	Address
(a) Terry Ohlsson	1202 Owens Dr. Myrtle Beach, S. C.
(b) Ron Hoy	1202 Owens Dr. Myrtle Beach, S. C.
(c) _____	_____
(d) _____	_____

- The general nature of the business for which the corporation is organized is as follows: (It is not necessary to set forth the powers enumerated in §33-3-10 of 1976 Code).

To own, operate, lease, manage a suntan studio or any retail business dealing in suntan lotions, oils and any and all other suntan products and beach products and to otherwise lease, buy, sell or otherwise engage in any acts incidental and necessary thereto, together with any and all other rights allowed by law.

- Provisions which the incorporators elect to include in the articles of incorporation are as follows: (Attach additional sheet(s) if necessary)

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF INCORPORATION

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE IT WILL BE ACCEPTED FOR FILING. THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT OF CORPORATIONS AND A CHECK IN THE AMOUNT OF \$10.00 PAYABLE TO THE SOUTH CAROLINA TAX COMMISSION.

Fee for filing Articles  
In addition to the above, \$5.00 for each  
\$1,000.00 of the aggregate value of  
shares which the corporation is author-  
ized to issue, but in no case less than  
40.00  
1,000.00

SCHEDULE OF FEES  
(Payable at time of filing Articles with Secretary of State)

\_\_\_\_\_  
Larry T. Hanna  
Type in Full Name  
900 21st Avenue North  
\_\_\_\_\_  
Address  
Myrtle Beach, S. C. 29577  
\_\_\_\_\_  
City

Date: December 5, 1984

I, \_\_\_\_\_, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 7 of Title 33 of the Code of Laws of South Carolina (1976) relating to the organization of corporations, and that in my opinion, the corporation is organized for a lawful purpose.

SEE: 22.2014 11:22AM LEWIS COOPER JASXOF E OF ATTORNEY

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Feb. 11. 2020 8:52AM

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## 10. The name and address of each incorporator is as follows:

- (a) Terry Ohlsson 1800 Owens Drive Myrtle Beach S.C.  
 (b) Ron Joy 1800 Owens Drive Myrtle Beach S.C.  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

Terry Ohlsson  
 Signature of Incorporator  
Ron Joy  
 Signature of Incorporator

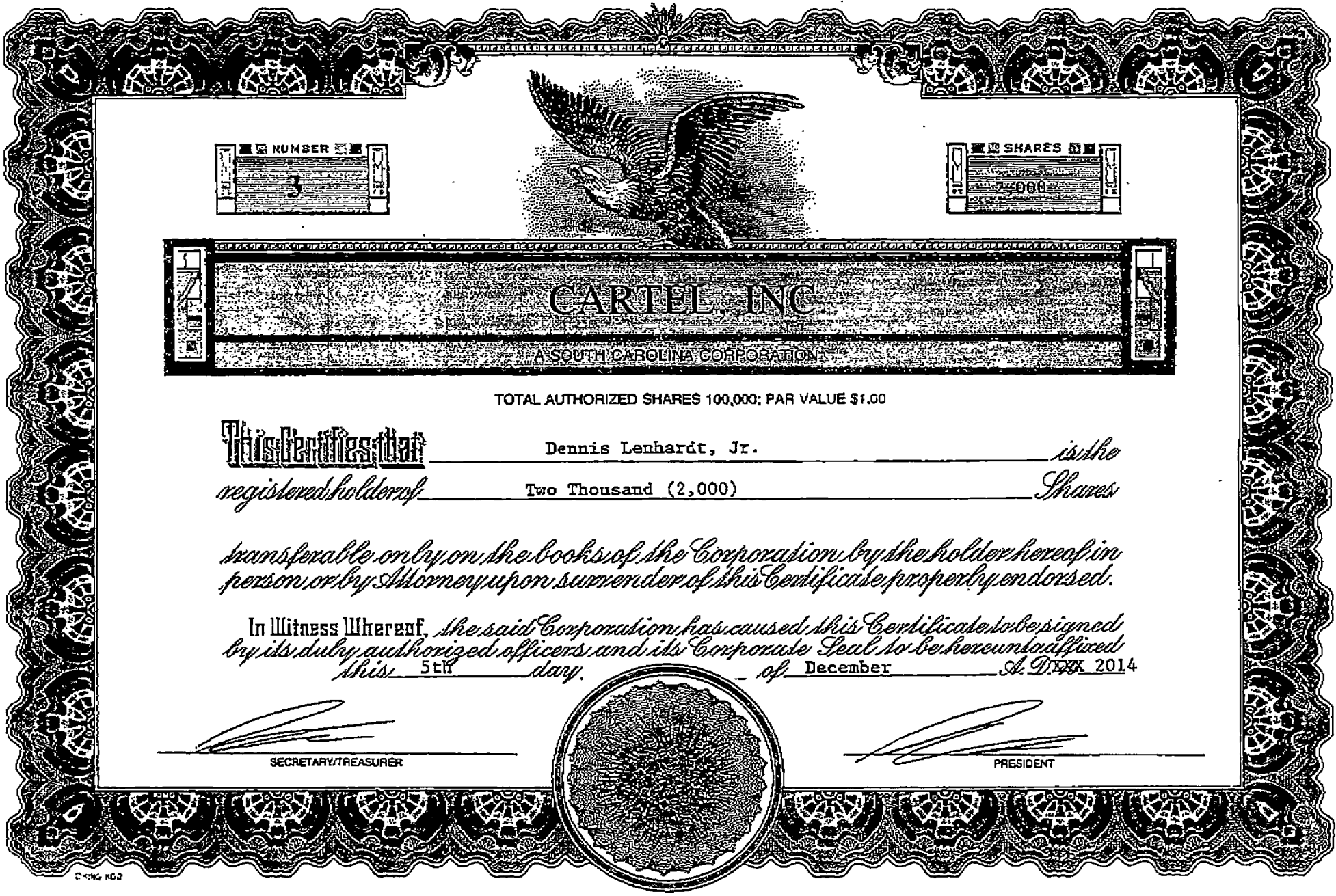
Terry Ohlsson  
 Type or Print Name  
Ron Joy  
 Type or Print Name

Date: December 5, 1984STATE OF South CarolinaCOUNTY OF HorryThe undersigned Terry Ohlsson and Ron Joy

do hereby certify that they are the incorporators of Cartel, Inc.  
 Corporation and are authorized to execute this verification; that each of the undersigned does hereby certify that  
 he or she has read the foregoing document, understands the meaning and purport of the statements therein con-  
 tained and the same are true to the best of his or her information and belief.

Terry Ohlsson  
 Signature of Incorporator  
Ron Joy  
 Signature of Incorporator

\_\_\_\_\_  
 Signature of Incorporator  
 \_\_\_\_\_  
 Type or Print Name



NUMBER  
3

SHARES  
2,000

CARTEL INC.

A SOUTH CAROLINA CORPORATION

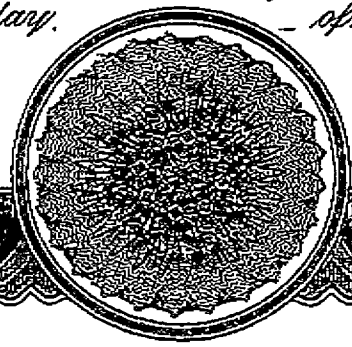
TOTAL AUTHORIZED SHARES 100,000; PAR VALUE \$1.00

This certifies that Dennis Lenhardt, Jr. is the  
registered holder of Two Thousand (2,000) Shares

*transferable only on the books of the Corporation by the holder hereof in person or by attorney upon surrender of this Certificate properly endorsed.*

In Witness Whereof, *the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed*  
*this* 5th *day* of December A.D. 2014

  
\_\_\_\_\_  
SECRETARY/TREASURER



  
\_\_\_\_\_  
PRESIDENT

Feb. 11. 2020 8:50AM

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**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

\_\_\_\_\_  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

**Exempt Applicants** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Dennis Lenhardt, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

\_\_\_\_\_  
Applicant's Signature

SWORN TO BEFORE ME  
This 10 day of Feb, 2020

\_\_\_\_\_  
Notary Public

NINA HANSLEY  
NOTARY PUBLIC  
STATE OF SOUTH CAROLINA  
MY COMMISSION EXPIRES 11/12/2020

Commission Expires 11/12/2020

**Print Application**

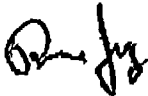
Feb. 11. 2020 8:51AM

No. 0152 P. 8

To whom It may concern,

As of this date, December 05 2014, the new contact person for Cartel, Inc. DBA A Midnight Express Limousines will be Dennis Lenhardt and the new mailing address will be 1509 Leybourne Ct. Conway, SC 29527.

Respectfully,



Ron Joy.